

1 Wages, tips, other compensation	70024.81	2 Federal income tax withheld	10806.83
3 Social security wages	72964.58	4 Social security tax withheld	4523.80
5 Medicare wages and tips	72964.58	6 Medicare tax withheld	1057.99
		Employer use only	

c Employer's name, address, and ZIP code

BAKER HUGHES OILFIELD OPERATIONS
1010 RANKIN ROAD
HOUSTON TX 77073

REISSUED STATEMENT

7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
13 <input checked="" type="checkbox"/> Salaried employee <input type="checkbox"/> Hourly employee <input type="checkbox"/> Third-Party Sick pay	12b <input type="checkbox"/> C <input checked="" type="checkbox"/> D 13.17
14 Other	12c <input type="checkbox"/> D 2939.77
	12d <input type="checkbox"/>
	12e <input type="checkbox"/>

e Employee's first name and initial Last name

DAVID W DREYER
8914 WIND SIDE DRIVE
HOUSTON TX 77040

f Employee's address and ZIP code

15 State	Employer's state ID	16 Local wages, tips, etc.
16 State wages, tips, etc.	17 Local income tax	18 Local income tax
17 State income tax	19 Locality name	

Form OMB No. 1545-0045
W-2 Wage and Tax Statement 2005
Copy C for Employer's Records

1 Wages, tips, other compensation	70024.81	2 Federal income tax withheld	10806.83
3 Social security wages	72964.58	4 Social security tax withheld	4523.80
5 Medicare wages and tips	72964.58	6 Medicare tax withheld	1057.99
		Employer use only	

c Employer's name, address, and ZIP code

BAKER HUGHES OILFIELD OPERATIONS
1010 RANKIN ROAD
HOUSTON TX 77073

REISSUED STATEMENT

7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
13 <input checked="" type="checkbox"/> Salaried employee <input type="checkbox"/> Hourly employee <input type="checkbox"/> Third-Party Sick pay	12b <input type="checkbox"/> C <input checked="" type="checkbox"/> D 13.17
14 Other	12c <input type="checkbox"/> D 2939.77
	12d <input type="checkbox"/>
	12e <input type="checkbox"/>

e Employee's first name and initial Last name

DAVID W DREYER
8914 WIND SIDE DRIVE
HOUSTON TX 77040

f Employee's address and ZIP code

15 State	Employer's state ID	16 Local wages, tips, etc.
16 State wages, tips, etc.	17 Local income tax	18 Local income tax
17 State income tax	19 Locality name	

Form OMB No. 1545-0045
W-2 Wage and Tax Statement 2005
Copy 2 To Be Filed With Employee's STATE Income Tax Return

1 Wages, tips, other compensation	70024.81	2 Federal income tax withheld	10806.83
3 Social security wages	72964.58	4 Social security tax withheld	4523.80
5 Medicare wages and tips	72964.58	6 Medicare tax withheld	1057.99
		Employer use only	

c Employer's name, address, and ZIP code

BAKER HUGHES OILFIELD OPERATIONS
1010 RANKIN ROAD
HOUSTON TX 77073

REISSUED STATEMENT

7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
13 <input checked="" type="checkbox"/> Salaried employee <input type="checkbox"/> Hourly employee <input type="checkbox"/> Third-Party Sick pay	12b <input type="checkbox"/> C <input checked="" type="checkbox"/> D 13.17
14 Other	12c <input type="checkbox"/> D 2939.77
	12d <input type="checkbox"/>
	12e <input type="checkbox"/>

e Employee's first name and initial Last name

DAVID W DREYER
8914 WIND SIDE DRIVE
HOUSTON TX 77040

f Employee's address and ZIP code

15 State	Employer's state ID	16 Local wages, tips, etc.
16 State wages, tips, etc.	17 Local income tax	18 Local income tax
17 State income tax	19 Locality name	

Form OMB No. 1545-0045
W-2 Wage and Tax Statement 2005
Copy B To Be Filed With Employee's FEDERAL Tax Return

1 Wages, tips, other compensation	70024.81	2 Federal income tax withheld	10806.83
3 Social security wages	72964.58	4 Social security tax withheld	4523.80
5 Medicare wages and tips	72964.58	6 Medicare tax withheld	1057.99
		Employer use only	

c Employer's name, address, and ZIP code

BAKER HUGHES OILFIELD OPERATIONS
1010 RANKIN ROAD
HOUSTON TX 77073

REISSUED STATEMENT

7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
13 <input checked="" type="checkbox"/> Salaried employee <input type="checkbox"/> Hourly employee <input type="checkbox"/> Third-Party Sick pay	12b <input type="checkbox"/> C <input checked="" type="checkbox"/> D 13.17
14 Other	12c <input type="checkbox"/> D 2939.77
	12d <input type="checkbox"/>
	12e <input type="checkbox"/>

e Employee's first name and initial Last name

DAVID W DREYER
8914 WIND SIDE DRIVE
HOUSTON TX 77040

BHI/KS 00529

f Employee's address and ZIP code

15 State	Employer's state ID	16 Local wages, tips, etc.
16 State wages, tips, etc.	17 Local income tax	18 Local income tax
17 State income tax	19 Locality name	

Form OMB No. 1545-0045
W-2 Wage and Tax Statement 2005
Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return

ALL-STATE LEGAL

D

1 Wages, tips, other compensation	78957.01	2 Federal income tax withheld	14425.27
3 Social security wages	80190.88	4 Social security tax withheld	4971.83
5 Medicare wages and tips	80190.88	6 Medicare tax withheld	1182.77
		Employer use only	
c Employer's name, address, and ZIP code BAKER HUGHES OILFIELD OPERATIONS 1010 RANKIN ROAD HOUSTON TX 77073			
REISSUED STATEMENT			
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	18.12
13 <input checked="" type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-Party Sick pay		12b <input checked="" type="checkbox"/> D	3233.87
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. DAVID W DREYER 8914 WIND SIDE DRIVE HOUSTON TX 77040			
f Employee's address and ZIP code 15 State <input type="checkbox"/> Employer's state ID <input type="checkbox"/> 16 Local wages, tips, etc. 18 State wages, tips, etc. 19 Local income tax 17 State income tax 20 Locality name			
Form OMB No. 1545-0046 W-2 Wage and Tax Statement 2006 Dept. of the Treasury - Internal Revenue Service Copy C for Employer's records			

1 Wages, tips, other compensation	78957.01	2 Federal income tax withheld	14425.27
3 Social security wages	80190.88	4 Social security tax withheld	4971.83
5 Medicare wages and tips	80190.88	6 Medicare tax withheld	1182.77
		Employer use only	
c Employer's name, address, and ZIP code BAKER HUGHES OILFIELD OPERATIONS 1010 RANKIN ROAD HOUSTON TX 77073			
REISSUED STATEMENT			
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	18.12
13 <input checked="" type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-Party Sick pay		12b <input checked="" type="checkbox"/> D	3233.87
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. DAVID W DREYER 8914 WIND SIDE DRIVE HOUSTON TX 77040			
f Employee's address and ZIP code 15 State <input type="checkbox"/> Employer's state ID <input type="checkbox"/> 16 Local wages, tips, etc. 18 State wages, tips, etc. 19 Local income tax 17 State income tax 20 Locality name			
Form OMB No. 1545-0046 W-2 Wage and Tax Statement 2006 Dept. of the Treasury - Internal Revenue Service Copy 2 To Be Filed With Employee's STATE Income Tax Return			

1 Wages, tips, other compensation	78957.01	2 Federal income tax withheld	14425.27
3 Social security wages	80190.88	4 Social security tax withheld	4971.83
5 Medicare wages and tips	80190.88	6 Medicare tax withheld	1182.77
		Employer use only	
c Employer's name, address, and ZIP code BAKER HUGHES OILFIELD OPERATIONS 1010 RANKIN ROAD HOUSTON TX 77073			
REISSUED STATEMENT			
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	18.12
13 <input checked="" type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-Party Sick pay		12b <input checked="" type="checkbox"/> D	3233.87
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. DAVID W DREYER 8914 WIND SIDE DRIVE HOUSTON TX 77040			
f Employee's address and ZIP code 15 State <input type="checkbox"/> Employer's state ID <input type="checkbox"/> 16 Local wages, tips, etc. 18 State wages, tips, etc. 19 Local income tax 17 State income tax 20 Locality name			
Form OMB No. 1545-0046 W-2 Wage and Tax Statement 2006 Dept. of the Treasury - Internal Revenue Service Copy 3 To Be Filed With Employee's FEDERAL Tax Return			

1 Wages, tips, other compensation	78957.01	2 Federal income tax withheld	14425.27
3 Social security wages	80190.88	4 Social security tax withheld	4971.83
5 Medicare wages and tips	80190.88	6 Medicare tax withheld	1182.77
		Employer use only	
c Employer's name, address, and ZIP code BAKER HUGHES OILFIELD OPERATIONS 1010 RANKIN ROAD HOUSTON TX 77073			
REISSUED STATEMENT			
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	18.12
13 <input checked="" type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-Party Sick pay		12b <input checked="" type="checkbox"/> D	3233.87
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. DAVID W DREYER 8914 WIND SIDE DRIVE HOUSTON TX 77040			
f Employee's address and ZIP code 15 State <input type="checkbox"/> Employer's state ID <input type="checkbox"/> 16 Local wages, tips, etc. 18 State wages, tips, etc. 19 Local income tax 17 State income tax 20 Locality name			
Form OMB No. 1545-0046 W-2 Wage and Tax Statement 2006 Dept. of the Treasury - Internal Revenue Service Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return			

BHI/KS 00530

1 Wages, tips, other compensation	2 Federal income tax withheld
28327.80	5718.03
3 Social security wages	4 Social security tax withheld
29517.20	1830.07
5 Medicare wages and tips	6 Medicare tax withheld
29517.20	428.00
Employer use only	

c Employer's name, address, and ZIP code

BAKER HUGHES OILFIELD OPERATIONS
1010 RANKIN ROAD
HOUSTON TX 77073

REISSUED STATEMENT

7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
	C 5.78
13 Statutory employee Retirement plan Third-Party Sick pay	12b D 1189.40
14 Other	12c
	12d

e Employee's first name and initial Last name Suffix

DAVID W DREYER
8914 WIND SIDE DRIVE
HOUSTON TX 77040

f Employee's address and ZIP code

15 State	Employer's state ID	18 Local wages, tips, etc.
16 State wages, tips, etc.	19 Local income tax	
17 State income tax	20 Locality name	

Form OMB No. 1545-0008

W-2 Wage and Tax Statement**2007**

Copy C To Be Filed With Employer's FEDERAL Tax Return

Dept. of the Treasury - Internal Revenue Service
This information is being furnished to you for your records. If you are required to file a tax return, a separate Form W-2 or other document may be required on your return. If this income is taxable and you fail to report it,

1 Wages, tips, other compensation	2 Federal income tax withheld
28327.80	5718.03
3 Social security wages	4 Social security tax withheld
29517.20	1830.07
5 Medicare wages and tips	6 Medicare tax withheld
29517.20	428.00
Employer use only	

c Employer's name, address, and ZIP code

BAKER HUGHES OILFIELD OPERATIONS
1010 RANKIN ROAD
HOUSTON TX 77073

REISSUED STATEMENT

7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
	C 5.78
13 Statutory employee Retirement plan Third-Party Sick pay	12b D 1189.40
14 Other	12c
	12d

e Employee's first name and initial Last name Suffix

DAVID W DREYER
8914 WIND SIDE DRIVE
HOUSTON TX 77040

f Employee's address and ZIP code

15 State	Employer's state ID	18 Local wages, tips, etc.
16 State wages, tips, etc.	19 Local income tax	
17 State income tax	20 Locality name	

Form OMB No. 1545-0008

W-2 Wage and Tax Statement

Dept. of the Treasury - Internal Revenue Service

Copy 2 To Be Filed With Employer's STATE Income Tax Return

1 Wages, tips, other compensation	2 Federal income tax withheld
28327.80	5718.03
3 Social security wages	4 Social security tax withheld
29517.20	1830.07
5 Medicare wages and tips	6 Medicare tax withheld
29517.20	428.00
Employer use only	

c Employer's name, address, and ZIP code

BAKER HUGHES OILFIELD OPERATIONS
1010 RANKIN ROAD
HOUSTON TX 77073

REISSUED STATEMENT

7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
	C 5.78
13 Statutory employee Retirement plan Third-Party Sick pay	12b D 1189.40
14 Other	12c
	12d

e Employee's first name and initial Last name Suffix

DAVID W DREYER
8914 WIND SIDE DRIVE
HOUSTON TX 77040

f Employee's address and ZIP code

15 State	Employer's state ID	18 Local wages, tips, etc.
16 State wages, tips, etc.	19 Local income tax	
17 State income tax	20 Locality name	

Form OMB No. 1545-0008

W-2 Wage and Tax Statement

Dept. of the Treasury - Internal Revenue Service

Copy 2 To Be Filed With Employer's FEDERAL Tax Return

1 Wages, tips, other compensation	2 Federal income tax withheld
28327.80	5718.03
3 Social security wages	4 Social security tax withheld
29517.20	1830.07
5 Medicare wages and tips	6 Medicare tax withheld
29517.20	428.00
Employer use only	

c Employer's name, address, and ZIP code

BAKER HUGHES OILFIELD OPERATIONS
1010 RANKIN ROAD
HOUSTON TX 77073

REISSUED STATEMENT

7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
	C 5.78
13 Statutory employee Retirement plan Third-Party Sick pay	12b D 1189.40
14 Other	12c
	12d

e Employee's first name and initial Last name Suffix

DAVID W DREYER
8914 WIND SIDE DRIVE
HOUSTON TX 77040

BHI/KS 00531

f Employee's address and ZIP code

15 State	Employer's state ID	18 Local wages, tips, etc.
16 State wages, tips, etc.	19 Local income tax	
17 State income tax	20 Locality name	

Form OMB No. 1545-0008

W-2 Wage and Tax Statement

Dept. of the Treasury - Internal Revenue Service

Copy 2 To Be Filed With Employer's CITY or LOCAL Income Tax Return